



DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT CAMPBELL, KENTUCKY 42223-5349

MCXD-PM

3 October 2005

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Blanchfield Army Community Hospital (BACH) Influenza Vaccination Policy, 2005 - 2006 Season

1. Influenza is a debilitating respiratory illness that can affect individuals of all ages. Fortunately, vaccination with influenza vaccine offers considerable protection against severe infection with, and complications from, influenza viruses. Since new strains of influenza virus emerge each year, pharmaceutical companies re-formulate the influenza vaccine annually. Likewise, for an individual to develop protective antibodies against influenza viruses, he or she must receive annual influenza vaccination.
2. The Commander of Blanchfield Army Community Hospital (BACH), in concert with MEDCOM CoS, places special emphasis on preventive health measures such as the administration of influenza vaccine. To that end, BACH will participate in the annual influenza immunization program to begin in OCT 05. The primary goal of the program is to vaccinate the total force, including all Active Duty and activated Reserve Component personnel, as well as selected TRICARE beneficiaries.
3. Defense Supply Center Philadelphia (DSCP) contracted with influenza vaccine suppliers to deliver a partial shipment not later than (NLT) 15 OCT 05, and the remaining supply NLT 31 DEC 05. Release of vaccine to deployed units, and then fixed installations, will occur as soon as possible after the depot receives the vaccine.
4. Should there be a shortage this year, BACH will prioritize vaccine administration in accordance with guidance provided in Enclosure 1. Sufficient vaccine should be available by DEC 05 to accomplish immunization for all beneficiary populations. BACH will advise beneficiaries desiring influenza immunization to be immunized by mid-DEC 05 or sooner, depending on local receipt of vaccine. After ample opportunity has been given for high-risk beneficiary populations to be immunized, BACH can initiate a mass immunization campaign.
5. All departments and services within BACH will comply with the following guidelines for the acquisition, prioritization, and administration of influenza vaccine; and with documentation for same.

MCXD

SUBJECT: Blanchfield Army Community Hospital (BACH) Influenza Vaccination Policy, 2005 - 2006 Season

6. Vaccine distribution and administration. Operational personnel, both military and civilian, will be the first group to receive the vaccine after its arrival. If there is an influenza vaccine shortage this year, or a delay in the delivery of the vaccine, vaccine administration will occur in the priority described below, taken from Enclosure 1. This preferential approach is consistent with guidance from the Centers for Disease Control and Prevention (CDC), which states that vaccination should be prioritized on the basis of risk for serious influenza-associated complications.

a. Priority A: Operational Military and Civilian Personnel. People deployed in support of combatant command operational requirements (Southwest Asia, Afghanistan, Korea, Eastern Europe). People on orders to deploy to these locations.

b. Priority B: Medically high risk people and Healthcare Workers. These include the following:

(1) People 65 years of age and older who have medical high-risk conditions and nursing home residents (equivalent to CDC Tier 1A. See <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5430a4.htm>). High risk conditions include chronic heart or lung disorders, such as heart disease and asthma; chronic metabolic diseases, such as diabetes; kidney diseases; blood disorders such as sickle cell anemia; or weakened immune systems, including persons with HIV/AIDS

(2) People 2 to 64 years old with high-risk medical conditions, pregnant women, people without high-risk conditions who are older than 65, and children 6 to 23 months old (CDC Tier 1B).

(3) Healthcare workers and individuals who have close contact with children under 6 months of age (CDC Tier 1C).

(4) Contacts of all other high-risk people, healthy people 50 – 64 years old (CDC Tier 2)

c. Priority C. Trainee Populations: Basic and advanced trainees, officer trainees, cadets and full-time military training cadre.

MCXD

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- d. Priority D. All other military personnel
 - e. Priority E. All other mission-essential or mission-critical DoD civilian and contracted workers.
 - f. Priority F. All other healthy people 2 to 49 years of age. (CDC Tier 3).
7. BACH will vaccinate Priority A personnel upon arrival of influenza vaccine.
8. BACH will vaccinate Priority B - F beneficiaries based upon projected supply of vaccine; however, the Commander will take under advisement a recommendation of the CDC issued on September 02, 2005. The CDC recommended that groups corresponding to tiers 1A – 1C, which includes individuals in Priority B, except 6.b.(4) herein, receive trivalent inactivated Vaccine (TIV) until October 24, 2005. Beginning October 25, 2005, all persons will be eligible for vaccination. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm>.
9. Distribution and Reporting.
- a. Distribution to Fort Campbell will be controlled by SERMC Logistics and based on BACH estimates.
 - b. MEDDAC will send all reports to SERMC Logistics. Mr. Stephen Goddard, Stephen.goddard@se.amedd.army.mil; DSN 773-1091; and Mr. Bradley Hawkins, Bradley.hawkins@se.amedd.army.mil; DSN 773-2092. Furnish a copy – “Cc” – to SERMC, Preventive Medicine (POC: LTC Edward Boland, MD, MPH; DSN 773-3547; Edward.boland@se.amedd.army.mil).
10. BACH Logistics.
- a. Medical logistics at USA MEDDAC, Fort Campbell will immediately report the number of doses of influenza vaccine they have on hand, using the influenza reporting spreadsheet supplied by SERMC logistics. Subsequent weekly reports of influenza vaccine on hand (including FluMist™) are due by 1600 hours every Wednesday, using the same spreadsheet. Reports are cumulative (i.e. amounts received or used in a given week should be added to the previously reported amounts).

MCXD

SUBJECT: Blanchfield Army Community Hospital (BACH) Influenza Vaccination Policy, 2005 - 2006 Season

b. Soldiers in Priority A, B, C, and D may receive the intranasal vaccine, FluMist™ if they have no medical contraindications, and are not older than 49 years old. This vaccine must be held at minus 15 degrees Celsius and then thawed prior to use. It must then be used within 60 hours of being thawed. Details are in the FluMist™ package insert, (Enclosure 2), and at http://www.medimmune.com/pdf/products/flumist_pi.pdf. Medical logistics at BACH will report to SERMC the number of FluMist™ doses they are currently prepared to store.

c. FluMist™ will be centrally procured and distributed. It can only be used by healthy persons aged 5 to 49 years and is therefore most useful for Priority A, C, and D. It is also useful for healthy persons aged 5 to 49 who provide direct patient care, and for those who either care for infants less than 6 months old, or have an infant in this age group in their household. The Military Vaccine Agency supports the Center for Disease Control's (CDC) position on the administration of FluMist™. The guidance states that an inactivated vaccine may be given either at the same time or at any time before or after the nasal-spray flu vaccine. A live vaccine may be given together with the nasal-spray flu vaccine. If the two live vaccines are not given at the same visit, they should be given more than 4 weeks apart.

11. Preventive Medicine.

a. Ensure that appropriate MEDPROS documentation occurs for influenza vaccination. POC for MEDPROS training requirements is Mr. Lewis Long, Fort Campbell MEDPROS Readiness Coordinator, (270) 956-0451 (DSN 363), lewis.long@se.amedd.army.mil. Questions on MEDPROS data entry may be referred to the MODS Help desk at DSN 761-4976, Commercial (703) 681-4976.

b. Coordinate with BACH Logistics to complete the weekly report on the number of vaccinations given. Reports will be in the approved format and are due by 1600 hours every Wednesday until further guidance is received.

c. Vaccination of Priority B through Priority F will begin when SERMC Preventive Medicine can validate adequate supply of vaccine for Priority A personnel.

12. Influenza immunization sites.

a. Active Duty Soldiers will receive their influenza vaccine at the SRP site.

(1) Units deploying will schedule SRPs through the usual procedures.

(2) Units will identify all Priority A - F soldiers in their units. A unit POC will coordinate with CPT Robinson (OIC of Medical SRP) at 798-5696 to schedule times for these soldiers to receive their influenza vaccination.

MCXD

SUBJECT: Blanchfield Army Community Hospital (BACH) Influenza Vaccination Policy,
2005 - 2006 Season

b. Military beneficiaries with conditions that qualify them as Priority B who are enrolled in BACH will be receive their influenza vaccine in their primary care clinic.

c. Pregnant women (active duty and other beneficiaries) will receive their influenza vaccine—TIV only—in the OB clinic. Pregnant active duty women may also receive their influenza immunization at the SRP site.

d. Military beneficiaries with conditions that qualify them as Priority B who are not enrolled in BACH will receive their influenza immunizations in the immunization clinic.

e. Firemen (EMT or paramedic) and MEDDAC and DENTAC staff involved in direct patient care will receive their influenza vaccination in their work areas or in the Occupational Health (OH) Clinic. Staff in these clinics should call the OH Clinic at 956-0202 for available times.

f. Child Development Center (CDC) employees who care for infants less than 6 months old will receive their influenza immunizations in their work areas or in the OH Clinic. CDC staff should call the OH Clinic at 956-0202 for available times.

13. Information concerning when influenza vaccine is available and where individuals should go to receive their vaccine will be available to the public.

a. BACH Website Home Page: <https://bach.campbell.amedd.army.mil/>.

b. BACH Influenza Vaccine Hotline, 798-8881

c. Local newspapers, The Courier and The Leaf-Chronicle

d. Fort Campbell local television channel

e. Flyers throughout BACH facilities

14. Additional coordinating information.

a. Influenza and pneumonia together are the seventh leading cause of death in the United States (<http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=316591>). In light of this, patients who are eligible for the pneumonia vaccine will be encouraged to receive this vaccine along with their influenza vaccine.

b. Measures to reduce spread of influenza in the facility and the community.

(1) Respiratory etiquette education campaign

MCXD

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2005 - 2006 Season

(a) Respiratory etiquette stations with educational materials, tissues, Alcare (or other) hand cleanser, and wastebaskets will be placed in areas where patients with communicable respiratory illness are likely to congregate.

(b) BACH staff, teachers in Fort Campbell schools, and CDC employees will receive ongoing education from Preventive Medicine (Army Public Health Nursing and Infection Control Practitioner) about respiratory etiquette and hand washing.

(2) BACH Staff with influenza-like illness (ILI) will be evaluated in the Employee Health Clinic. Individual supervisors will ensure this occurs. A healthcare provider will determine likelihood of influenza, perform surveillance laboratory testing (if the individual is an eligible TRICARE beneficiary), determine need for quarters, and provide clearance for return to work. ILI is a nonspecific respiratory illness characterized by fever (temperature greater than 100°F), fatigue, cough, and other symptoms.

(3) Preventive Medicine, in accordance with the SARS and Pandemic Influenza Appendix to the Emergency Planning Guidance, will monitor worldwide and local rates of influenza and ILI and make appropriate recommendations for both BACH and the Fort Campbell installation.

MCXD

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2005 – 2006 Season

15. The POC for this policy is LTC Cynthia Perry, Chief, Preventive Medicine, BACH at (270)
956-0114 / 0130 (DSN 363) or cynthia.perry@se.amedd.army.mil.

Encl

PATRICIA A.H. SAULSBERY
COL, AN
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